

IN THE UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

JOHN J. BAUGHAN
PLAINTIFF

VS.

CIVIL ACTION
No. 04-10704 WZ

KEITH PELLETIER,
TODD OLIVER,
FRANCIS NAPERT AND
SCOTT ARLINGTON
DEFENDANTS

AFFIDAVIT OF EMILE E. MORAD, ESQ.

Now comes Emile E. Morad, Esq. and on his oath states
as follows;

1. I Emile E. Morad Esq. have been a member of the Bar of
the Commonwealth of Massachusetts since 1963 and maintain
my principal place of business 460 County St. New Bedford
MA, 02740.

2. At all times material hereto I have represented the
Plaintiff John J. Baughan in this action.

3. Since sometime in the early 1980's I have been
suffering from Meniere's disease. See medical reports
from New England Hospital attached hereto.

4. The symptoms from Meniere's disease include but are or not limited to dizziness, distortion of my speech, vision impairment, and uses of equilibrium.

5. Beginning sometime in early October 2003 I have experienced more frequent and violent attacks of the Meniere's symptoms, which have resulted in my spending substantial amounts of time in Medical Treatment, requiring Hospitalizations and experimental surgical procedure.

6. Over the years I have treated with my Primary Physician, Alexander Altschuller, M.D. who maintains his primary office at 237 State Rd. Dartmouth MA, 02747. Sometime in the late Fall 2003, when my Meniere's symptom exacerbated, Dr. Altschuller referred me to an Ear Specialist at the Massachusetts Eye and Ear Hospital, Boston Ma.

7. At the Mass. Eye and Ear Hospital I consulted with Dr. Stephen Rauch who conducted an examination on October 14, 2003. As a result of the examination and consultation Dr. Rauch recommended I undergo an experimental surgical procedure on my right ear that offered a substantial likelihood of reducing the effects of the symptoms of the

Meniere 's disease from which I have been suffering.

Dr.Rauch further advised me of the side affects of the treatment and that I would likely suffer through a period of time where the symptoms would be constantly present which would include loss of equilibrium, loss of hearing in both ears, loss of hearing in both ears, ringing in both ears and other sea-sick like symptoms until the treatment would take affect. It was anticipated by Dr. Rauch that it was possible for me to suffer the affects of the procedure for a period of not less than 90 days but not more than 1 year until they could determine whether the procedure was successful. See copies of Dr. Altschuller's report dated October 7th and November 25, 2003.

8. On November 18, 2003 Dr. Rauch performed a surgical procedure on my right ear at the Mass. Eye and Ear Hospital and I returned to my Florida home for the initial period of recovery, and convalescence.

9. I remained in Florida from the end of November through early mid January 2004. While I was in Florida I suffered from all of the side affects that Dr. Rauch had indicated, and in addition I suffered from double vision in both eyes which was not one of the symptoms of which I was

forewarned. When the double vision persisted, I contacted Dr. Rauch, who indicated that the double vision was not a known side affect of the surgical procedure he preformed and he recommended that I immediately consulted a Florida physician specializing in Opt homology. A copy of my e-mail to Dr. Rauch is attached hereto.

On December 22, 2003, after my medical records were transferred to Florida, I consulted with Dr. Gerima Lal, an Ophthalmologist who specializes in cases of double vision. After the examination by Dr. Lal, she and Dr. Rauch had a disagreement as to their opinion of the cause of the double vision and she recommended I consult with a Neurologist. Dr. Lal indicated she thought that the double vision was caused by the optic nerve in my brain which she thought might have been upset by the Surgical Procedure. Dr. Rauch was insistent that the double vision was completely unrelated to the surgical procedure he performed. A copy of Dr. Lal's notes is attached hereto.

10. As a result of the complications in my Treatment, having been compounded by the double vision, I decided that I would feel more comfortable returning to Massachusetts where my Primary Care Physician was located, along with the best Medical Care in the Country.

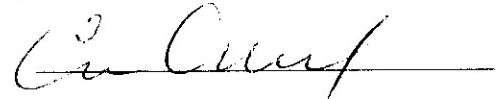
11. Since I returned to Massachusetts in early to mid January 2004, I have been seen by Dr. Altschuller, my primary care physician, and Dr. Abbott, a neurologist in New Bedford Massachusetts, both of whom have indicated that their opinion that I have been suffering from a series of Optic Strokes which caused the Double Vision. I am still suffering from onset of double vision and the other symptoms of the surgical procedure and have had substantial difficulties conducting my activities including the practice of law. I also am currently suffering from loss of short-term memory as a result of the optical strokes I have suffered. See copies of notes of Dr Abbott attached hereto.

12. In early April 2004 I tried to arrange for another lawyer to represent John J. Baughan in this matter on a contingency basis. I was compelled to file this matter in the court because the statute of limitation was about to expire. I was not successful until recently when I learned of attorney Alpert from a friend of mine. I immediately called attorney Alpert and arranged for an appointment to discuss this case. Mr. Baughan accompanied me to Mr. Alpert's office in Boston. Attorney Alpert accepted the case on a contingency basis.

13. I must move to Withdraw from this matter because of my present medical condition. I am medically unable to complete this matter at this time.

August 26th, 2004

Respectively Submitted



Emile E. Morad Esquire

AFFIDAVIT OF SERVICE

I, Emile E. Morad certify that I have mailed a copy of the above withdrawal of appearance by first class mail postage prepaid to the following:

1. Jonathan M. Siverstein Esquire, 31 St James Avenue, Boston Ma. 02116-4102
2. Andrew Stockwell Alpert Esquire 109 State Street, Boston, Ma. 02109
3. Mr. John Braughn, 509 River Road, Westport, Ma. 02790

Dated August 26th 2004


Emile E. Morad

NEW ENGLAND MEDICAL CENTER HOSPITALS
 DEPARTMENT OF OTOLARYNGOLOGY
 MARCH 13, 1991

MORAD, Emile
 #151-67-67
 DOB: 5/24/38

Mr. Morad is an attorney from the New Bedford area. He comes in with a history of spells of vertigo. He tells me that his general health is good. He is being treated for hypertension with Vasotac and has had some problems with his left knee. He is also significantly overweight. He tells me that he is wedded to the sea and at one time he used to be a fisherman and became an attorney but retained his love for boats and the ocean. In the summer of 1983, while sailing, he had a sudden onset of vertigo, even though the water was calm. He barely made to shore, threw himself on the earth with vertigo and vomiting, and was taken to a hospital in New Bedford. He believes that the spell at that time lasted about four or five hours. He never lost consciousness. He was evaluated by Dr. Altschuller, his cardiologist, who found out that he had heart disease. He visited with Dr. Bilodeau, an otolaryngologist in the New Bedford area, who treated him for four or five months with Meclazine. There was a diagnosis made of Meniere's disease and he believes that he had a hearing loss at that time which he recovered. In 1985, he developed some positional vertigo and light headedness and in 1990, he began to develop more severe attacks of vertigo which were of spontaneous onset in addition to positional vertigo and often associated with nausea. At the end of 1990 and early 1991, these attacks became more severe. The attacks would last for a half our to an hour, and sometimes even for several days. At the end of February, which was only two or three weeks ago, he had to cancel a flight because of intense vertigo which lasted for several days. When I ask about noise intolerance, at first he says he hasn't had this problem but then tells me that he cannot stand the music of loud bands which hurts in his ears. As far as hearing is concerned, he has a little bit of a loss on both sides. He believes that the right side remains stationary, but the left side seems to fluctuate. When he is having a good day, he feels that his balance is normal; in other words, he is not always ataxic. He has been evaluated by a number of physicians.

He brought in a series of audiograms from Dr. Bilodeau and Dr. Rosenblatt. On these audiograms, his hearing remains more or less the same each time. The most recent test was performed on 11/20/90 and shows on the right side hearing in the range of 40 decibels with high frequency drop-off, and on the left side hearing is about 25 decibels with a high frequency drop-off. The SRT's are 45 decibels on the right with 92% discrimination and an SRT of 25 on the left with 100% discrimination. No additional tests were performed. Apparently, he has had not scans.

DIAGNOSIS: Suspicious for Meniere's disease.

NEW ENGLAND MEDICAL CENTER HOSPITALS
DEPARTMENT OF OTOLARYNGOLOGY
MARCH 13, 1991

MORAD, Emile
#151-67-07
DOB: 5/24/38

Page Two

SUGGESTIONS:

1. I believe he needs to have a scan of his internal auditory canals because his symptomatology, although highly suggestive, is not absolutely typical. Ordinarily, I would request an MRI scan but there may be a problem with him fitting into the cylinder of the machine because of his large girth. If the Radiology Department feels that this cannot be done, then I would suggest a CT scan with intravenous contrast.
2. I've given him a prescription for Transderm scop to try for his vertigo.

At the moment, I cannot suggest any surgical procedure for him, partly because we are not sure which of the ears is causing the problem.

ADDITIONAL NOTE: The patient tells an interesting story, that in 1959 while he was in the military service, he was struck by lightning in the right temporoparietal area. He lost consciousness at that time and he believes that the partial loss of hearing that he has in the right ear may be related to that.

I would like to have the MRI or CT scan mailed to me for review.


Werner D. Chasin, M.D.

WDC/mrb

cc: Alexander Altschuller, M.D.
570 Hawthorne Street
New Bedford, MA 02740

Arthur Rosenblatt, M.D.
275 Allen St.
New Bedford, MA 02740

Medical Records



Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-3991

October 7, 2003

RE: EMILE MORAD
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. It is my medical opinion that he is not able to perform his work duties until seen by Dr's Lewis and Boch at Mass General Hospital on 10/14/03. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

Alexander Altschuller, M.D., F.A.C.C.

AA/trp

11/18/03 07:48pm FROM-MEEA OTOLARYNGOLOGY

617-773-0014

T-001 P-001/001

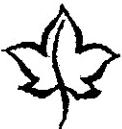
Emil Moread
MEEA:

11/18/03 - Mr. Moread has had a lot of active Meniere's symptoms in the past couple of months. It is giving him a great deal of difficulty. He has attacks of one to two hours that occur several times weekly despite medical measures. He believes the symptoms are coming from the right ear.

Exam - shows normal canals and drums. Hearing test shows a bilateral hearing loss but the right ear is the one fluctuating. Vestibular function testing with SVAR shows a slight progression of disease. He now has reduced low frequency VOR gain and increased phase leads. His time constant has shortened down from 14.8 to 11.7.

Impression - intractable Meniere's disease. The right ear appears to be the symptomatic side and the patient cannot tolerate symptoms at this level. After discussion of treatment options, the patient elected to proceed with intratympanic Gentamicin treatment. We reviewed goals, benefits and risks of the therapy. The right drum was anesthetized at two sites with topical Phenol. A vent opening was made anteriorly and 0.5 cc of 40 mg/ml Gentamicin sulfate instilled posteriorly. The patient tolerated that well. He remained here supine for one hour. He was discharged on water precautions. He is heading back to Florida but will be back here in February for a check-up.

Steven D. Rauch, M.D.



Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-3991

November 25, 2003

RE: EMILE MORAD
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. He has recently undergone a procedure to correct Meniere's Disease of the right ear. It is my medical opinion that Mr. Morad not be subjected to any stressful situations, at least until he is seen by his physician in February 2004 for a complete evaluation. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Alexander Altschuller".

Alexander Altschuller, M.D., F.A.C.C.

AA/trp

Page 1 of 1

Subj: Re: Patient - Emile Mored
Date: 12/15/2003 1:47:37 PM Eastern Standard Time
From: sdr@epl.meel.harvard.edu
To: Moradpatti@aol.com
CC: sonia_marshall@meel.harvard.edu
Sent from the Internet (Details)

There is NO ear treatment that causes double vision. I would strongly recommend evaluation by an ophthalmologist as soon as possible. If you do not already have one, please contact my secretary, Sonia (617-573-3644) and she can set one up.

-sdr

Steven D. Rauch, MD
Assoc. Prof., Otolaryngology
Harvard Medical School
Mass. Eye & Ear Infirmary

Tel: 617-573-3644
Fax: 617-573-3939
Email: sdr@epl.meel.harvard.edu

On 12/15/03 12:04 PM, "Moradpatti@aol.com" <Moradpatti@aol.com> wrote:

Dear Dr. Rauch,

I called your office on two separate occasions in the past couple of weeks and requested to speak with you concerning my medical condition.

I remember you telling me that I would feel tipsy and suffer a loss of hearing for a period of four to eight weeks after the treatment you performed on my right ear. I have experienced a loss of hearing and the tipsy feeling since the treatment. I am deeply concerned, however, with the double vision that I have experienced daily to the present. The double vision as best as I can describe, is that I see the same object one on top of the other. If I close one eye, I have single vision. If I close the second eye and open the first eye, I have single vision. It appears to me that my eyes are not synchronized so that when both eyes are open I experience double vision. This double vision does not occur all day, but it comes and goes and I usually experience it in the morning hours and late afternoon.

Please respond to me as to whether or not this is an expected condition or if I should see a doctor that you recommend in my home area of Hollywood, Florida. Hollywood, FL is approximately 25 miles north of Miami!

If you wish to speak to me my phone number is (954) 923-5593.

I wish to thank you for your kind consideration.

Respectfully submitted,

Emile E. Mored

ETC SURGERY ASSOCIATES
TAX ID # 85-0457710

2740 Hollywood Blvd., Hollywood, Fl. 33020 (305) 828-274
505 N. Flagler Rd., Suite 250, Palm Beach, Fl. 33480 (305) 431-371
2900 S. Congress Ave., West Palm Beach, Fl. 33431 (305) 388-631

1	Ophthalmological Exam - Intermediate	82002		17	Consultation Problem Focused	CODE
2	Exam - Detailed Level III	82003		36	Consultation Detailed	PER FEE ALLOW
3	Exam - Comprehensive Level IV	82004		37	Consultation Comprehensive	
4						
5	ESTABLISHED PATIENTS	CODE	PER FEE ALLOW	55	OFFICE SURGERY	CODE
6	Ophthalmological Exam Comprehensive	82014		17	Biopsy, Eyelid	PER FEE ALLOW
7	Ophthalmological Exam - Intermediate	82012		18	Excision Benign Skin Lesion to .5 cm	
8	Exam - No Dr. Needed - Level I	82011		19	Excision Benign Skin Lesion 0.6 - 1.0 cm	
9	Exam - Prob. Focused - Level II	82012		20	Excision Benign Skin Lesion 1.1-2.0 cm	
10	Exam - Expanded - Level III	82013		21	Rem. Conjunctival F.B. Embedded	
11	Exam - Detailed Level IV	82014		22	Rem. Corneal F.B. w/ SK tampon	
12	Protraction	82015		23	Ect. Chalazion Single	
13	Glass Rx / NC Visit	82498		24	Correction Trichiasis - Forceps	
14	Surgery Follow-up Visit	82024		25	Probing of Lacrimal Canals	
15	Leak Consult	PER HC		26	Probing of Nasolacrimal Duct	
16	Retraction for Rx Change	82010X		42	Functl Plasty	
17						
18	SPECIAL PROCEDURES	CODE	PER FEE ALLOW	55	ENDOSCOPY	CODE
19	Gonioscopy	82020		56	Insertion Intraocular Lens w/ Cataract op.	PER FEE ALLOW
20	Gonioscopic Tonometry	82022		57	Probing of Nasolacrimal Duct	
21	Gonioscopic Tonometry - Extended	82023		58	Traubeoplasty, Laser	
22	Ophthalmoscopy - Extended	82220	ATL BIL CTR	61	Laser Capsulotomy	
23	Ophthalmoscopy - Subsequent	82228	AUT BIL CTR	62	Spasmotomy - 1 Muscle	
24	Ophthalmoscopy w/ Fluor & Photos	82230	AB BD CTR	77	Peripheral Iridectomy Laser	
25	Ophthalmoscopy w/ Fundus Photo	82260		78	Extr. Retinoid, Eyelid over One Fourth	
26	External Photos	82288		116	Excision of Ptosis Graft	
27	Intraocular Lens Calculation	76516		117	Ptosis Repair Ext. Lev. Prost	
28	Endoscopy Exam - Prism Lens	82497		165	Entropioplasty Upper Lid	
29	Corneal Topography	82498	ATL BIL CTR	FP	Ext Pad / Skin / Cosmetic Lid	
30	Corneal Pachymetry	82525		412	Lower lid Blepharoplasty Cosmetic	
31	Hilobeddy Tomography	82735	ATL BIL CTR	76	Pan Retina, Laser	
32				79	Laser P.R. Lesion w/o External Sclera IVO	
33				82120	Laser Mac. Neovascular Membranes	
34				82220	Leak	
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Sursey

DIAGNOSTIC CODES (FOR ADDITIONAL SEE INDEXES) - cont.

DIAGNOSTIC CODES (FOR ADDITIONAL SEE REVERSE SIDE)									
Ameloblastoma	708.0	21	Digital Raynaud's, Localized	362.01	138	Hypertension	374.5	223	PO Keratopathy
Aphasia	378.31	164	Dubois' Demyelinating, Progressive	360.82	61	Hyperglycemia, Uncontrolled	364.00	217	Posterior Vitreous Detachment
Bacillary Angiomatosis	178.10	231	Drusen Macular	362.57	38	Keratitis, Disciform	364.42	316	Premacular Fibrosis
Blindness	378.00	25	Egophthalmos	374.10	57	Keratoconjunctivitis Sicca	370.53	182	Pseudodermatitis of Lower Eye
Cataract	366.10	74	Entropion	374.20	149	Keratoconjunctivitis Sicca	371.80	243	Pterygium
Chalazoid	378.2	25	Ectropion	375.20	39	Keratoconjunctivitis Sicca	372.10	62	Phthisis
Chalazion, External	368.30	28	Esotropia, Esophoria	378.10	48	Macular Crystal Edema	362.03	83	Retinal Artery Occlusion
Choron, Heavy	224.8	87	Epithelial Intraocular Cyst	700.1	246	Macular Degeneration, Exudative	352.62	181	Retinal Detachment
Cloudy Posterior Capsule	368.55	112	Esotropia, uncorrected	378.00	416	Macular Degeneration, Non Exudative	362.51	366	Retrobulbar Tumor
Concentric Hemianopsia	372.12	154	Exotropia	378.2	1900	Mesial Nerve	352.64	44	Retinal Vein Occlusion
Concentric Hemianopsia, Central	360.1	113	Feldberg's Disease	378.15	41	Migraine, Ophthalmic	360.10	98	Rhabdomyolysis
Constricting Iris Synechia	372.10	455	Fistula Treatment, visual A/E/M	371.62	44	Multifocal outer Segment	376.86	17	Retinal Lesion, Deger.
Conjunctival Chorioisis	372.10	260	Fuchs' Corneal Dystrophy	372.14	44	Neuroretinitis, Optic	377.30	18	Retinal Ven Occlusion
Conjunctival, Chronic	372.10	260	Glaucoma, Narrow Angle	371.57	229	No Pupil, Ocular	378.51	186	Retinopathy of Prematurity
Conjunctival, Acute	372.10	260	Glaucoma, Open Angle	372.21	46	Normal Eye Examination	377.50	60	Tetanias
Conjunctival, Chronic	372.10	260	Glucomate, Anhydrous	382.11	175	Optic Atrophy	377.10	429	Viral Conjunctivitis
Conjunctival, Acute	372.10	260	Glycosuria, Temporary	384.02	49	Paraphimosis	377.00	62	Virusus Hemorrhagiae
Cornea, Epithelial, recurrent	371.42	26	Grauer's, Suspect	386.20	56	Ploversula	372.51	83	Virusus Opticus
Cornea, Foreign Body	370.00	629	H. Zoster Ophthalmicus	383.01	66		378.24		
Cornea, Scars, Osteo-	371.00	128							
Cornea, Ulcer	378.00	20							
Cornea, Ulcer, Infectious	378.00	18							
Cornea, Ulcer, Acute	373.30	37							

ATE	TIME	PATIENT	REASON	PRIOR BALANCE	Next Appointment
12/22/85	10:10	EMILE MORAD	CN-WSS MEDICARE/BC	PAT 0.00 INS 0.00	<i>December 1st</i>
SKEN NO.	DRAW	OPHTHALM	LOCATION	TODAY'S CHARGE	FLUORESCEN ANGIO
1015369	X	NEUROLOGIST MD	HLYMD - EMA SURGERY	<i>BC</i>	
PATIENT NO.	RESPONSIBLE PARTY		D.O.B.	ADJUSTMENTS	A-SCAN
164626	EMILE MORAD		05/21/38	PROF.	REFRACTION
M	F	ADDRESS	CITY/STATE ZIP CODE		FUNDUS PHOTO
		5700 N. SURF RD	HOLLYWOOD FL 33019		HRT
OVER 60	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT BC CS PAYMENT
0.00	0.00	0.00	0.00	0.00	1 0
INSURANCE COMPANY	NAME	SET#	POLICY ID:	RELATIONSHIP TO INSURED	TODAY'S PAYMENTS
<i>✓ Ken Worcester</i>				S S C O Husband	<i>(Signature)</i>
<i>✓ Eyes</i>				BALANCE DUE	TODAY'S PAYMENTS
				<i>15.00</i>	<i>(Signature)</i>
				COMMENTS:	<i>Doctor's Signature</i>
					<i>[Handwritten Signature]</i>

Name Madeline M/F Age/DOB 5/24/98
 New Pt. Reg Form Reviewed by Doctor _____

Chart Dictated _____

DATE DEC 22 2003

for dizzying Pediatrician

Intermittent
vertigo
since
in KN
more
current
on H/H's

cc Had an eardrum procedure on R ear on 11/12/03
 on the 26 he started to get diplopia-vertigo
 HPI: comes and goes - worse after sleeping + when reading
 POH: PMHx: intractable Meniere's disease
 PSHx: DM x 10 yrs, V-bypass RAB
 dizzy spells @
 Family Hx: Social Hx/Devel Hx: smoke, alcohol

VA OD 20/40+2 OS 20/25
 TC 12/20 12/20/25 OD - 1.50 + 1.00 x 11
 OS - 1.75 + 1.00 x 8 2

NEAR 20/25
 CL 20/20

OD/OS

WNL

Comments: ACT CL

OT

2-4 S' - exorbital
OT - through bi-focal

NPC t-nose

H/H full

QMD

no hyper = neutral

MR:

no hyper

Dr N.

ASSESSMENT:

1) D. diplopia ~ 2) Esophoria
 2) eyes new onset p ENT proc at Mass Eye

? Meniere's: no Strab/ hyper in R: C.R.

Needs eval for etiology!

PLAN: 1) to Neurologist for consultation re: etiology new-onset diplopia.
 will call ENT surgeon =

617-573 3644

Her pres pres.

CURRENT MEDS:

celebrex
 lisotoc, insulin 26 units
 Glucophage
 Slipside
 Allergies: Meclazine Prn dizzying,
 MRD A

Stereo 3/3 5/9 TA 00/8
 OS 20 Hold 2 squeeze
 PR @ 1/35

Comments: HNS 11/35

OD OS WNL

DRUGS (MNC)

Comments: HNS 11/35

had HNC 11/18/03

ear-drum

procedure

onset

wk post op.

Nerves WNL

Mastorsic

Comments: HNS 11/35

had HNC 11/18/03

ear-drum

procedure

onset

wk post op.

Nerves WNL

Mastorsic

Comments: HNS 11/35

had HNC 11/18/03

ear-drum

procedure

onset

wk post op.

Nerves WNL

Mastorsic

Comments: HNS 11/35

had HNC 11/18/03

ear-drum

procedure

onset

wk post op.

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Comments: HNS 11/35

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Abbott Conroy

201

RECD MAR 24 2004

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508-997-3331

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NEUROLOGY AND PSYCHIATRY

March 22, 2004

Alexander Altschuler, M.D.
237A State Road
North Dartmouth, MA 02747

Re: Emile Morad
d.o.b.: 5/24/38

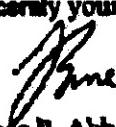
Dear Alex:

Enclosed please find a copy of my last office note on Emile dated 1/22/04. MRI of the brain, MR arteriography of the brain and neck, anticholinesterase receptor site antibody titers, all are negative. The patient said his diplopia was less and it was slowly going away. He does have symptoms of obstructive sleep apnea.

Red glass testing did demonstrate mild bilateral internuclear ophthalmoplegia.

I think he has microvascular disease in his pons, not well developed enough to be called a lacunar stroke on MRI scan, but enough to cause his symptoms. This is not an uncommon situation in elderly people, and I expect that his symptoms of diplopia may be permanent, although the symptomatology should spontaneously reduce over a period of months. There is no intervention other than continuing aspirin, and there is no evidence of large vessel disease or metabolic abnormalities that would contribute to his diplopia.

Sincerely yours,


Bruce P. Abbott, M.D.

BPA/ed 146154
Enclosure

Fax # 508-636-60250



Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-9991

March 23, 2004

RE: EMILE MORAD
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. It is my professional opinion that my patient is not medically capable of participating in any stressful situations such as a court case at this time. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

Alexander Altschuller, M.D., F.A.C.C.

AA/trp